

State of Michigan
Department of Consumer & Industry Services
Bureau of Worker's & Unemployment Compensation/Board of Magistrates
P.O. Box 30016, Lansing, MI 48909

WITNESS SUBPOENA (and/or) SUBPOENA FOR PRODUCTION OF RECORDS

vs

Plaintiff

Social Security Number

Defendant(s)

State of Michigan

County of _____

To

In the Name of the People
of the State of Michigan

You are hereby ordered, pursuant to §853 of the Worker's Disability Compensation Act of 1969, to appear before _____ of the Bureau of Worker's Disability Compensation of Michigan, at _____ in the City of _____, County of _____, State of Michigan, on the _____ day of _____, 20 _____, at _____ in the (morning) (afternoon) then and there to:

- I. Give testimony (and/or)
- II. Produce the books, papers, documents or other tangible things designated herein, to wit:

on behalf of _____, attorney for _____
For your failure to appear, or to appear without such material as you have been ordered to produce, you may be adjudged to be guilty of contempt and punished accordingly in any circuit court within whose jurisdiction the offense is committed. Punishment for contempt may include imprisonment of up to 30 days or a fine of up to \$250.00 or both, and costs.

Given under the hand and seal of the Bureau this _____ day of _____, 20 ____.

Bureau of Worker's Disability Compensation

By: _____
Deputy Director — Magistrate

Attorney for Plaintiff / P No.

Attorney for Defendant / P No.

Attorney for Defendant / P No.

Address

Address

Address

Telephone Number

Telephone Number

Telephone Number

NOTICE: If copies of business/medical records are mailed, the records custodian shall complete the back side of the subpoena and attach a complete copy of the original business/medical records to the subpoena.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

STATE OF MICHIGAN
Department of Consumer & Industry Services
Bureau of Worker's Disability Compensation/Board of Magistrates
P.O. Box 30016, Lansing, MI 48909

vs

Plaintiff and Social Security Number

Defendant(s)

Case assigned to Magistrate: _____

CERTIFICATE OF RECORDS CUSTODIAN

STATE OF MICHIGAN
COUNTY OF _____

_____, the undersigned after being sworn, states the following:

1. That I am the _____ of _____,
(Your Position) (Organization)
and in such capacity I am the custodian of the business/ medical records for this organization.
2. That on the _____ day of _____, 20____, I was served with a subpoena in connection with this claim, calling for the production of business/medical records pertaining to _____.
3. That I reviewed the original of the records and made a true and exact copy of the original records and that the copies of the original records attached are true and complete.
4. If submitting medical records, it is the regular practice of this organization to contemporaneously and timely record information concerning the treatment and care of the patient and I have attached the records that have been prepared and kept concerning this patient.

Your Signature

Print or Type Your Name

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public, _____ County, Michigan.

My Commission Expires: _____.

PROOF OF SERVICE

_____, being first duly sworn, deposes and says that he/she is a person of suitable age and discretion to serve process and upon oath that on the _____ day of _____, he/she served a copy of the subpoena personally upon _____ at _____ in the city of _____, _____ County, Michigan.

Signature

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public, _____ County, Michigan.

My Commission Expires: _____.